

# STATE OF TENNESSEE

## Department of Children's Services

7<sup>th</sup> Floor Cordell Hill Building

436 6<sup>th</sup> Avenue North

Nashville, Tenn. 37243-1290

## STANDARD CLAIM INVOICE INSTRUCTIONS

### FUNERAL EXPENSE

Version 1 - Former Claim Form 11 Now Standard Claim Invoice

**NOTE: You can have multiple children on each form but not multiple vendors.**

- **Form must be typed.**
- **Vendor Name** = The name of the person or business that will receive payment.
- **Vendor Address** = The address of the person or business that will receive payment.
- **City** = The name of the city where the person or business is located that will receive payment.
- **State** = The state where the person or business is located that will receive payment.
- **Zip** = The zip code where the person or business is located that will receive payment.
- **Vendor Tax ID** = The 12 digit tax ID which includes prefix & suffix. This tax ID must match the tax ID on STARS (State of Tennessee Accounting and Reporting System) for the address listed on the invoice. If you do not know your prefix and/or suffix, please call 1-800-600-4999 or 532-4999 in the Nashville area and leave a message with the operator and someone will call you back with the information.
- **Provider Code** = Must be one of the following two digit codes:  
  
FE= Funeral Expenses for child in Foster Care. This type of claim must have a receipt or invoice attached in order to receive payment.
- **Contract Number** = Contract Number is left blank for provider code FE.
- **Rate** = The rate is blank for Provider Code FE
- **Vendor Signature** = an original signature is required from the vendor before any payment can be made.
- **Print Name** = The printed name of the person signing the vendor signature.
- **Date Signed** = The date in MM/DD/YY format, including slashes, that the vendor signature was obtained.
- **Phone** = The phone number including area code of the person signing the vendor signature.
- **Service Provider** = The Service Provider is blank for Provider Code FE.



- **Total Amount of All Pages** = This amount must equal the total of all pages that make up this invoice. Generally this type of invoice will only be one page.
- **Last Name** = Child's last name for whom the goods and/or services were provided.
- **First Name** = Child's first name for whom the goods and/or services were provided.
- **MI** = Child's middle initial for whom the goods and/or services were provided.
- **Child SSN** = Child's social security number for whom the goods and/or services were provided.
- **Birth Date** = Child's birth date for whom the goods and/or services were provided. This must be MM/DD/YY format including slashes.
- **Sex** = Child's sex code **M** or **F** (male or female) for whom the goods and/or services were provided.
- **Proc Code = 302**
- **Allot Code** = The following two digit allotment codes must be used.

**30** = custody children

- **County Code** = The two digit county code of the actual county where the goods were purchased or where the services were performed.

**County Code Table**

01 Anderson	21 Dekalb	41 Hickman	61 Meigs	81 Stewart
02 Bedford	22 Dickson	42 Houston	62 Monroe	82 Sullivan
03 Benton	23 Dyer	43 Humphreys	63 Montgomery	83 Sumner
04 Bledsoe	24 Fayette	44 Jackson	64 Moore	84 Tipton
05 Blount	25 Fentress	45 Jefferson	65 Morgan	85 Trousdale
06 Bradley	26 Franklin	46 Johnson	66 Obion	86 Unicoi
07 Campbell	27 Gibson	47 Knox	67 Overton	87 Union
08 Cannon	28 Giles	48 Lake	68 Perry	88 Van Buren
09 Carroll	29 Grainger	49 Lauderdale	69 Pickett	89 Warren
10 Carter	30 Greene	50 Lawrence	70 Polk	90 Washington
11 Cheatham	31 Grundy	51 Lewis	71 Putnam	91 Wayne
12 Chester	32 Hamblen	52 Lincoln	72 Rhea	92 Weakley
13 Claiborne	33 Hamilton	53 Loudon	73 Roane	93 White
14 Clay	34 Hancock	54 McMinn	74 Robertson	94 Williamson
15 Cocke	35 Hardeman	55 McNairy	75 Rutherford	95 Wilson
16 Coffee	36 Hardin	56 Macon	76 Scott	99 Out of State
17 Crockett	37 Hawkins	57 Madison	77 Sequatchie	
18 Cumberland	38 Haywood	58 Marion	78 Sevier	
19 Davidson	39 Henderson	59 Marshall	79 Shelby	
20 Decatur	40 Henry	60 Maury	80 Smith	

- **CFA Y/N** = A "collective fund account" (CFA) is an account that accumulates funds when a child in state custody receives SSI, SSA, or some other benefit. **This will always be N for FE provider code.**
- **Vendor Invoice #** = The vendor's invoice number for goods and or services purchased.
- **Service Start Date** = The date goods were purchased or the date a service started. This must be MM/DD/YY format including slashes
- **Service End Date** = The date goods were purchased or the date a service ended. This must be MM/DD/YY format including slashes. Note: both the service start date and the service end date must be completed even if they are the same date.

- **Unit** = For Provider Code FE the Unit is always 1.
- **Amount** = For Provider Code FE the amount billed must equal the amount on the vendors invoice. These amounts may not exceed established guidelines for these goods and services.
- **Page \_\_ of \_\_** = The first blank equals the current page number and the second blank equals the total number of pages in the invoice.
- **Page Total** = The page total must equal the sum of the amount column.
- **DCS Case Manager** = The signature of the case manager authorizing this payment.
- **Date** = The date the case manager signed authorizing this payment. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the case manager authorizing this payment.
- **Print Name** = The printed name of the case manager authorizing this payment.
- **Phone** = The daytime phone number of the case manager authorizing this payment.
- **DCS Case Supervisor** = The signature of the case supervisor authorizing this payment.
- **Date** = The date the case supervisor signed authorizing this payment. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the case manager authorizing this payment.
- **Print Name** = The printed name of the case supervisor authorizing this payment.
- **Phone** = The daytime phone number of the case supervisor authorizing this payment.
- **DCS Case Signature** = Central office approving signature. **Central Office Pre-Audit dept will obtain the Assistant Commissioner of Fiscal and Administrative Services' approval when the claim is received in office.**
- **Date** = The date the person in central office signed authorizing this payment. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the person in central office authorizing this payment.
- **Print Name** = The printed name of person in central office authorizing this payment.
- **Phone** = The daytime phone number of the person in central office authorizing this payment.
- **Pre-Audit** = The signature of the person performing the pre-audit.
- **Date** = The date the person performed the pre-audit. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the person performing the pre-audit.
- **Print Name** = The printed name of person performing the pre-audit.
- **Phone** = The daytime phone number of the person performing the pre-audit.

THIS FORM MUST BE COMPLETED AND ATTACH TO THE STANDARD CLAIM INVOICE SUBMITTED.

AUTHORIZATION TO VENDOR

STATE		VENDOR		
[STATE AGENCY NAME]		[VENDOR NAME]		
PROGRAM:	[PROGRAM NAME]	FEIN/SSN:	[VENDOR ID NUMBER]	
ALLOTMENT:	[ALLOTMENT CODE]	ADDRESS:	[VENDOR ADDRESS]	
COST CENTER:	[COST CENTER]		[VENDOR ADDRESS]	
DPA #	[DPA NUMBER]	PHONE:	[VENDOR TELEPHONE NUMBER]	
		FAX:	[VENDOR FAX NUMBER]	
SERVICE				
ITEMS AUTHORIZED	SERVICE DATE(S)	UNITS AUTHORIZED	UNIT COST	AMOUNT AUTHORIZED
TERMS OF AUTHORIZATION				
<ol style="list-style-type: none"> <li>1. The Vendor agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of the authorized service or in the employment practices of the Vendor on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by Federal, Tennessee State constitutional, or statutory law.</li> <li>2. The Vendor warrants that no amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Vendor in connection with any work contemplated or performed relative to this Authorization.</li> <li>3. The State may terminate this purchase without cause for any reason, and such termination shall not be deemed a breach of contract by the State.</li> <li>4. The Vendor agrees to indemnify and hold harmless the State of Tennessee as well as its officers, agents, and employees from and against any and all claims, liabilities, losses, and causes of action which may arise, accrue, or result to any person, firm, corporation, or other entity which may be injured or damaged as a result of acts, omissions, or negligence on the part of the Vendor, its employees, or any person acting for or on its or their behalf relating to this purchase. The Vendor further agrees it shall be liable for the reasonable cost of attorneys for the State in the event such service is necessitated to enforce the terms of this purchase or otherwise enforce the obligations of the Vendor to the State.</li> <li>5. Activities and records pursuant to this Authorization shall be subject to monitoring and evaluation by the State or duly appointed representatives.</li> <li>6. The State is not responsible for the payment of services rendered without specific, written authorization.</li> <li>7. The Vendor will submit an invoice in form and substance acceptable to the State to effect payment.</li> </ol>				
This Authorization To Vendor is issued to be effective [DATE] and void after [DATE].				
AUTHORIZATION		ACCEPTANCE		
DATE:	[DATE]	DATE:	[DATE]	
[AUTHORIZATION SIGNATURE]		[ACCEPTANCE SIGNATURE]		
[NAME AND TITLE]		[NAME AND TITLE]		

